

Revised  
4/2007

## EEO AND EMERGENCY INFORMATION FORM

### Personal Data and Identification Data Components

Name as it appears on your Social Security card:

Prefix \_\_\_\_\_ Employee Name \_\_\_\_\_  
Mr., Mrs., Ms. First Middle Name or Initial Last

Suffix \_\_\_\_\_ (Fourth, Junior, Second, Senior, Third)

**BIRTH DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Required) Month Day Year

**GENDER/SEX: (Required)**

☐ Female ☐ Male

**HIGHEST EDUCATION LEVEL**

- |  |   |
|--|---|
| <input type="checkbox"/> Not Indicated             | <input type="checkbox"/> 2-Year College Degree    |
| <input type="checkbox"/> Less Than HS Graduate     | <input type="checkbox"/> Bachelor's Level Degree  |
| <input type="checkbox"/> HS Graduate or Equivalent | <input type="checkbox"/> Some Graduate School     |
| <input type="checkbox"/> Some College              | <input type="checkbox"/> Master's Level Degree    |
| <input type="checkbox"/> Technical School          | <input type="checkbox"/> Doctorate (Professional) |
|  | <input type="checkbox"/> Post -Doctorate          |

**SOCIAL SECURITY NUMBER (Required)**

\_\_\_\_\_

Home Address \_\_\_\_\_  
Street or PO Box City County State Zip Code

Mailing Address \_\_\_\_\_  
Street or PO Box City County State Zip Code

Home Phone \_\_\_\_\_ Other Phone No. (such as cellular, business, alternate) Indicate **type** of phone

Type \_\_\_\_\_ Phone No. \_\_\_\_\_ Type \_\_\_\_\_ Phone No. \_\_\_\_\_  
Main ☐ Preferred ☐ Main ☐ Preferred ☐

E-mail -Indicate type (such as home) \_\_\_\_\_ E-mail \_\_\_\_\_ Type \_\_\_\_\_  
Is this your preferred e-mail? Yes ☐ No ☐ Is this your preferred e-mail? Yes ☐ No ☐

**RACE/ETHNIC IDENTIFICATION - PLEASE CHECK ALL THAT APPLY**

**Are you of Hispanic or Latino origin?** Yes ☐ No ☐ (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

**Select one or more of the following racial categories:**

- ☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
- ☐ **Asian** (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- ☐ **Black or African American** (A person having origins in any of the black racial groups of Africa.)
- ☐ **Native Hawaiian or other Pacific Islander** (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.)
- ☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

**MILITARY STATUS** - Please check the one box that best describes your military status.

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Active Reserve   | <input type="checkbox"/> Inactive Reserve        | <input type="checkbox"/> No Military Service        | <input type="checkbox"/> Other Protected Veteran       |
| <input type="checkbox"/> Retired Military | <input type="checkbox"/> Veteran (VA Ineligible) | <input type="checkbox"/> Veteran of the Vietnam Era | <input type="checkbox"/> Vietnam & Other Protected Vet |

**Military Leave Eligibility:**

Are you an active member of Air or Army National Guard or active member of the reserve corps of armed forces? ☐ Yes ☐ No

**EMPLOYMENT ELIGIBILITY PROOF** - An employee must produce within three days of hire, documentation that he/she is authorized to work in the United States. Examples include a birth certificate or social security card along with a driver's license or other picture ID, a U.S. passport or a green card. Please indicate the documentation you are providing:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**DISABILITY STATUS:** ☐ Disabled person (non-veteran with disability) ☐ Disabled Veteran

## EEO AND EMERGENCY INFORMATION FORM

### Emergency Contact Component

**PRIMARY CONTACT – Please indicate who is your primary emergency contact (only one person).**

**EMERGENCY CONTACT NAME:** \_\_\_\_\_  
First Middle Name or Initial Last

**RELATIONSHIP TO EMPLOYEE:** ☐ Aunt ☐ Brother ☐ Daughter ☐ Employee ☐ Ex Spouse ☐ Father ☐ Father-in-Law  
☐ Friend ☐ Grandchild ☐ Grandfather ☐ Grandmother ☐ Mother ☐ Mother-in-Law ☐ Neighbor ☐ Nephew  
☐ Niece ☐ Other Relative ☐ Other ☐ Roommate ☐ Sister ☐ Son ☐ Spouse ☐ Uncle

**CONTACT'S HOME ADDRESS AND TELEPHONE:** ☐ Same Address as Employee  
☐ Same Phone Number as Employee

If different from employee's, please complete information below.

Home Address \_\_\_\_\_  
Street or PO Box City County State Zip Code

Main Phone Number \_\_\_\_\_

Contact's Other Types of Phone Numbers (such as **work** cellular, pager or fax) – Indicate **type** of phone

Type \_\_\_\_\_ Phone No. \_\_\_\_\_ Type \_\_\_\_\_ Phone No. \_\_\_\_\_

**SECONDARY CONTACT – If you have one, please indicate who is your second emergency contact.**

**EMERGENCY CONTACT NAME:** \_\_\_\_\_  
First Middle Name or Initial Last

**RELATIONSHIP TO EMPLOYEE:** ☐ Aunt ☐ Brother ☐ Daughter ☐ Employee ☐ Ex Spouse ☐ Father ☐ Father-in-Law  
☐ Friend ☐ Grandchild ☐ Grandfather ☐ Grandmother ☐ Mother ☐ Mother-in-Law ☐ Neighbor ☐ Nephew  
☐ Niece ☐ Other Relative ☐ Other ☐ Roommate ☐ Sister ☐ Son ☐ Spouse ☐ Uncle

**CONTACT'S HOME ADDRESS AND TELEPHONE:** ☐ Same Address as Employee  
☐ Same Phone Number as Employee

If different from employee's, please complete information below.

Home Address \_\_\_\_\_  
Street or PO Box City County State Zip Code

Main Phone Number \_\_\_\_\_

Contact's Other Types of Phone Numbers (such as **work** cellular, pager or fax) – Indicate **type** of phone

Type \_\_\_\_\_ Phone No. \_\_\_\_\_ Type \_\_\_\_\_ Phone No. \_\_\_\_\_

**X** **Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_